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THESIS

for the Degree of M.D.

on

HYSTERICAL MUTISM

by

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HYSTERICAL MUTISM.

My excuse for writing the following thesis on Hysterical Mutism is the fact that during the past few years three cases have come under my personal observation and care.

In Hysterical Mutism there is absolute loss of the power of speech, even the whispering voice is absent, but, in distinction from organic aphasia the intelligence of the patient is absolutely unimpaired and he is able to communicate in writing and by gesture in an extraordinary fashion. As Dr Wyllie puts it in his "Disorders of Speech" page 396.,"in hysterical mutism the voice is in the great majority of cases, lost, and the power of writing completely retained, whereas in ordinary motor aphasia the voice is retained and the power of writing lost or greatly impaired". There is, as a rule no paralysis of the lips or tongue and no constant paralysis of the larynx. The onset is usually sudden after some emotion, and recovery may be equally sudden. Relapses or recurring attacks are frequent. Other hysterical symptoms may be present/

present, or mutism may be the only symptom of the type of mind we recognise as Hysteria.

Charcot claimed that hysterical mutism is an aphasia of a special kind which can be diagnosed at first sight from aphasia of organic origin.

The following three cases, which have occurred in my practice, shew that hysterical mutism may exist for considerable periods without any decided or definite diagnosis being made; - the third case, which I believe to have had the longest duration on record, was mute for thirty-three years. The first case was a man. I saw him in 1895, when he was supposed to be suffering from cerebral haemorrhage, and I did not think of an hysterical origin, although, as will be seen, the symptoms were somewhat anomalous. To Dr Ransome of Nottingham belongs the merit of establishing a correct diagnosis and curing the patient after an illness of twelve months.

The second case had existed five years in a mute condition and had been treated as quite a hopeless case.

The ages at which the mutism began are 37, 13 and 10 respectively. The family history in one case shews insanity in an uncle. The onset in each was sudden, and occurred in the first case after indefinite/

definite head symptoms, culminating in unconsciousness; in the second case it occurred in the course of a condition which might be called railway spine, and the third was a hysterical girl, the subject of hysterical attacks.

There was in each case absolute loss of voice and of the power of whispering. In case I. the patient could make a whimpering sound. They were all marked by unimpaired intelligence, and the power of expressing emotion by the face and of communicating by signs was common to them all.

In cases I. and III the power of writing was lost, in the first, due to a contracture of the right arm, and in the other, owing to weakness of the arms. Case I. was able to get about with the aid of a crutch; the other two were confined to bed through "paralysis" of the legs.

The recovery was sudden in case I., following intra-laryngeal faradisation of the larynx. In case II. the recovery was rapid, although not quite sudden, and was due entirely to suggestion and the moral effect of a confident diagnosis. In case III. the recovery was more gradual; it was begun by removal from friends and required more continued treatment than the other two. The power to whisper was first regained/

regained. The recovery of voice was accompanied by a hesitation at the commencement of a sentence - hardly amounting to a stammer. Other hysterical symptoms were present, viz., in all of them convulsive attacks; in case I. hysterical contracture of the right arm and leg and deafness of the right ear; in case II. loss of power in the legs; in case III. anorexia, vomiting, for 12 months ptosis, and loss of power in the legs and arms.

CASE I. Samuel Upton, Arnold near Nottingham, aged 37, married. The only important point in the family history is that an uncle is an inmate of a lunatic asylum. His previous health was good. He had been a noted boxer and a heavy drinker. He had had noises in the ears resembling a band playing, pains in the head and considerable giddiness for some months. In November 1895, he became suddenly unconscious and remained so for three hours. During this time he had jerking movements of the arms and legs. When he became conscious he was found to have lost the power of speech and could not even whisper. During the next fortnight he had frequent attacks of struggling and twitching, affecting mostly the right side. The attacks passed off, and the right arm and leg became paralysed and contracted.

In /

In the early part of 1896 I attended him. He was quite mute, but intelligent, following the conversation and making his ideas known by signs. expressing approval by nodding and disapproval by shaking his head, and, when vexed, by a sound through the nose, which had a different emphasis, according to the meaning he wished to convey. There was tonic rigidity of the right arm and leg. The fingers and thumb were flexed into the palm and the hand on the forearm. The elbow was fixed at a right angle, and the upper arm was immovable at the shoulder joint and fixed to the side. The leg was fixed in the extended position, and immovable at the knee and ankle. Endeavours to extend the fingers gave rise to pain and caused grimaces and a sound through the nose like the whimper of a dog. There was no analgesia or anaesthesia, no paralysis of face, tongue, or eye. He walked with the aid of a crutch.

He was admitted to Nottingham Infirmary on 19th October 1896, and I am indebted to Dr W.H. Ransome for the following notes. On admission,quite mute, appears to understand what is said to him and can read with either eye. Communicates intelligently by signs. Pricking and pinching at most elicit a throat gurgle. No analgesia and doubtful blunting/

ing of sense of touch in right limbs. Some contraction of visual field of right eye. No facial, lingual or ocular paralysis. Right arm motionless and stiff and tremors appear in it when patient is excited. Right leg rather stiff, cannot be raised off bed. He is unable to stand. Right rectus clonus. No ankle clonus. Right arm is a trifle wasted. No fundus change.

Oct. 25th. Intra laryngeal faradisation made him yell and then talk. Next day he jumped out of bed, put his head through the window and struggled violently with those who tried to prevent him.

Oct. 27th. Dr Ransome found him dumb and threatened the battery. He jumped out of bed and ran round the ward, crying "Murder"! He was removed to the Borough asylum, Nottingham, where, according to Dr Montgomery[a] on the first day he was violent and maniacal. Next day he was quiet and sensible. Deafness in the right ear was noted in the asylum. He improved mentally and was discharged on 18th November 1896. His arm and leg had improved greatly. He could use his hand and was able to walk without help.

The arm and leg gradually improved, and at the end of a year the contracture and paralysis had quite disappeared. The duration of the mutism was 12 months./

(a) Journal of Mental Science, July 1897 p.542.

months.

CASE II. W. Flint, aged 18 years, South Normanton, Derbyshire.

Nearly all his sisters are "nervous". Between the ages of 9 and 10 he was thrown down while at play, falling with the lower part of the spine on a brick.

His legs became weak and he was obliged to use crutches. In two or three months his legs became "paralysed", with "loss of feeling in the feet," and he was forced to take to his bed. Vision was dim for a time. Hearing, not affected.

At the age of 13, he suddenly lost the power of speech, with the exception of certain intervals he was not able to whisper. He made his wants known by signs and in writing. He says the loss of speech was from weakness. He had fits from time to time, and while in the fits struggled into all "shapes and forms". On one occasion the house went on fire, but he made no attempt to escape or speak.

In 1896 I saw the patient. He was then 18 years of age and had been confined to bed for 8 years, and mute for 5 years with the exception of a few intervals, when he had been able to whisper. He was intelligent and able to express himself by signs and in writing. There was general wasting, slight flexion/

flexion of legs at knees and also slight talipes equinus. There was no analgesia, anaesthesia or loss of thermal sensation, and no motor paralysis of legs. Knee jerks were normal. No curvature of spine or spinal tenderness; the latter I excluded with the aid of hot and cold sponges.

I came to the conclusion it was due to hysteria and explained carefully to him that there was no real paralysis, and that speech and motor power could both be regained if he chose to exercise his will.

I then ordered him to say, ah, and after he had successfully said, ah, I made him pronounce the other vowels, and after a good deal of trouble he went through a part of the alphabet and then began to speak. For about a month after this he stammered in his speech, and in about a month or five weeks he regained the use of his legs. Ten months afterwards I found him at work.

His height at 1st July 1899 was 4 ft. 11 in. He ascribed his recovery to the hot and cold sponges, used in the physical examination!

Duration of mutism 5 years.

CASE III. Eliza Braggs, aged 43, Birmingham. An uncle died of consumption. No history of nerve disease.

At the age of 10 she had an illness, said to be "low/

"low fever", and suffered from night terrors. After a few weeks she was unable to stand, owing to "weakness". She had attacks of vomiting, loss of appetite and obstinate constipation. The weakness increased and she wanted to be left absolutely quiet without movement of any kind. Any interference or movement caused hysterical attacks, and she was allowed to remain in bed. Six months after the commencement of the illness, she suddenly became mute. She also had ptosis for 12 months. She has remained in bed and continued mute till the present time, e.g. thirty-three years.

In 1899 I found she was a little creature with an intelligent enough face. She readily communicated by signs at which she is an adept. There is a lateral curvature of spine. She makes no attempt to use her arms or legs. Her legs are flexed somewhat at knees and there is talipes equinus. The legs are wasted. No reaction of degeneration. No anaesthesia, no analgesia. Hearing and visual fields, normal. By no means is it possible to get any sound from the patient. Her face retains a placid expression throughout. An attempt was made at home with intra-laryngeal faradisation without success. It was considered improbable she would improve at home, and Dr Kauffmann very kindly admitted her/

her to the Queen's Hospital. During the first night there she was found out of bed, and crying "Ma". Her larynx was faradised, and she went home, able to whisper. She has since had her arms and legs exercised and massaged and I have faradised the larynx by the internal method with the result that she lost her aphonia, and was able to speak, sing, use her hands, and walk.

Duration of mutism 33 years.

History gives many cases we should now diagnose as hysterical mutism. Thus we have the oft-quoted case of the son of Croesus who was dumb until, after the capture of Sardes, he saw a Persian attack his father with a drawn sword, when he called out:"Man, do not kill Croesus"! He is said to have retained his speech thereafter.

Hecker, in his book on "Epidemics of the Middle Ages," page 107, mentions loss of power of speech, as one of the symptoms of Tarantism. "At the close of the Fifteenth century," he says "we find that Tarantism had spread beyond the boundaries of Apulia, and that the fear of being bitten by venomous spiders had increased. Nothing short of death itself was expected from the wound which these insects inflicted, and, if those who were bitten escaped with their lives, they were said to be seen pining away in a desponding state of lassitude. Many became weak-sighted or hard of hearing, some lost the power of speech, and all were insensible to ordinary causes of excitement".

He further says: "The symptoms which followed the bite of venomous spiders are well known to the ancients and had excited the attention of their best observers, who agree in their description of them". He/

He refers to Aetius who wrote at the end of the sixth century.

Cases of Hysterical Mutism were recorded under different titles after the middle of the last century. Watson records a case in the Philosophical Transactions Vol. XIV. In 1753 a case appeared in the transactions of the Académie des Sciences. In 1790, Wells reported a case in Medical Communications. In 1855, Sedilliot reported a case to the Académie des Sciences. Graves in the Dublin Medical Journal, June 1834, p.419, gives a case, reported by Richter of Wiesbaden. Wilks published a case in 1864 in the Medical Times and Gazette (3 Sept.), and refers to two cases in his book on Nervous Diseases. Bristowe published a case in the Transactions of the Clinical Society 1869, which is referred to in his book on Nervous Diseases.

But it is not till after Broca in 1861 had localised the centre for speech and placed the pathology of aphasia on a scientific footing that much advance was made in the differentiation of aphasias, and it was Trousseau in his Clinical Lectures, Vol. I. page 261, translated by the Sydenham Society in 1868, who first clearly distinguished organic from functional aphasias. He speaks of a form of aphasia "in which/

which the intellect is unaltered, memory good, the patient writes easily, and expresses his thoughts correctly in writing, as educated deaf-mutes do. The form is very rare and has seemed to differ so widely from the other, that I have thought myself warranted in regarding it as a distinct variety, particularly as in all the cases of the other form of the disease, the inability to write is proportionate to the inability to speak." He cites two cases, the first, a young man, and the second, a lady. In 1870 Bateman in the Gazette Hebdomaire gives particulars of several cases.

In 1875 J. Sólis Cohen wrote an article on Apsithyria (in the Medical and Surgical Reporter, May 1875) and again in 1883 (in the Philadelphia Medical and Surgical Reporter). He believes that Apsithyria or inability to whisper nearly always is preceded by aphonia, and the power of whispering is regained before the voice is regained. He says the aphonia, with which apsithyria is associated, is always manifested as a functional paresis. He mentions several cases following aphonia: one case in a male, a religious fanatic, following emotion,and another case was that of a male, by no means emotional. He believes that apsithyria may be caused by the inability/

ability of the patient to will to whisper.

In 1878 Kussmaul wrote an important article on speech in Ziemsen's Cyclopaedia of the Practice of Medicine, and under the title of Functional Aphasia, discusses the condition and describes cases, due to fright and hysteria.

In 1883 the condition is for the first time discussed under the title of Hysterical Mutism by Revilliod in an article in the Revue Medicale de la Suisse Romande. He discusses the different ways in which speech may be affected in hysteria.

Rarely, he says, is speech in hysteria up to the normal standard. Sometimes the patient is a most fluent chatterbox, ridiculously eloquent; sometimes, on the other hand speech is reduced to cries, coughs, barks, or is even absent. Conversation may be limited to some monosyllable or gesture, or there may be silence and absolute indifference. In hysterical mutism, intelligence may be brilliant. He mentions as complications, deafness or blindness.

He ascribes the condition to paralysis of the superior laryngeal nerve, causing paralysis of the crico-thyroid and consequent want of tension of the vocal cords during adduction. He points out that, in the hysterical mute there is dyspnoea on attempting/

ing to speak, and pain in the centre of the sternum, and brings forward these facts and the frequent existence of anaesthesia in the area supplied by the superior laryngeal nerve, in support of his view. He cites four cases.

But the great epoch in the history of hysterical mutism occurred when Charcot showed that the condition could be produced by hypnotic suggestion.

Charcot's first Lecture on the subject in December 1885 was published in the "Gazette des Hopitaux, 1886 and in 1886 he again lectured on the same subject, contrasting a case of hysterical mutism and glosso- labio-laryngeal paralysis . In the Leçons du Mardi 1887, Charcot[(a)] devotes the 18th and 19th lectures to this subject, the 19th including a case of mutism, complicated by agraphia. In Leçons du Mardi 1888, Charcot devotes the 12th Leçon to a case of mutism following hypnotism by a professional magnetiser.

Cartaz sums up Charcot's work in his article on Hysterical Mutism, published in the Progres Medical in 1886. (See Appendix to Charcot's Diseases of the Nervous System, Vol. III.).

He says that: "Hysterical Mutism is recognised to be a central psychical affection, analogous to that/

(a) (Cases No. 70 of Natier's collection).

that which produces the paralysis of a limb, the abolition of all or part of the visual field, etc. It is an aphasia, but, as Charcot remarked, an aphasia of a special type, which one is able, as it were, to diagnose at first sight, and to distinguish from the different forms of aphasia of organic origin."

This remark, made by Charcot in 1886, may be compared with the teaching of Trousseau in 1868.

Cartaz tells us that hysterical mutism is reproduced by hypnotic suggestion, as follows. "If, during the somnambulic period you converse with the patient, then, lowering the voice, say to her: "I do not hear". eh? "But you cannot speak then," the patient soon becomes impatient at not being able to reply to questions, and, if she can write, seizes a piece of paper and writes hastily, though without embarrassment, a few lines which convey her thoughts."

Cartaz further gives notes of twenty cases, six of them from Charcot's wards.

He states that paralysis of the crico-thyroid alone would not cause the absence of the whispering voice, and that therefore Revilliod's conclusions, that mutism might be due to this, are wrong. He shows that anaesthesia of the larynx is found in hysterical subjects without mutism. "In simply hysterical/

hysterical aphonia," he says, "paralysis of a group of the laryngeal muscles is a very frequent occurrence. On the other hand, in mutism it is relatively rare. And what confirms the central, the psychical nature of this neurotic manifestation, is that the laryngeal muscles are not always affected with weakness, and that when they are more or less involved, the functional trouble resulting from the paresis or paralysis does not afford us an explanation of the phenomena collectively."

In 1886 Bock of Berlin shewed that Hysterical Mutism occurred with equal frequency in both sexes (Deutsche Medizinal Zeitung, December 1886).

In 1888 Natier discussed Hysterical Mutism at great length in the "Revue Mensuelle de Laryngologie d'Otologie et de Rhinologie."

He sums up regarding laryngoscopical examination, that nothing decided has been revealed. He says that the adductors and tensors of the cords are most frequently affected, the most frequent lesions being abduction and loss of tension of the cords with production of an ellipsoid space.

He refers to the work of E. Marcel and G. Marinesco, who assert three varieties of hysterical mutism: (1) A simple hysterical mutism without laryngeal/

geal lesions; (2) A paralytic hysterical mutism with partial paralysis; (3) A spasmodic hysterical mutism with contraction of certain muscles of the larynx, i.e. the dilators or constrictors of the larynx.

He has collected 71 cases, and I shall again refer to his paper.

In 1891 Professor A. Pitres of Bordeaux took up the subject of Hysterical Mutism in his "Leçons Cliniques sur l'Hystérie," 1891.

Bastian has a most thorough article on the subject in his recent book on Aphasia and gives cases.

Bateman also discusses the subject in his book, and gives examples. Dr Wyllie's article in his 'Disorders of Speech,' is of great importance, and will be further referred to.

I have collected and incorporated in this paper a series of twenty cases from the literature of Hysterical Mutism since Natier's article. This series I shall refer to as my series, to distinguish it from Natier's.

ETIOLOGY. Charcot, as already mentioned, shewed that mutism can be produced artificially by hypnotism, and can persist after the waking of the patient.

I might here mention an experience I had some years ago. I hypnotised a young, healthy man. He was kept hypnotised only a very short time and nothing noteworthy happened. But on his waking it was found he was word-deaf and amnesic in regard to two words, the words 'hypnotise' and 'hypnotism'. Sentences which contained these words sounded nonsense to him, and he was quite unable to find the words himself, when he wished to speak on the subject. This only lasted a short time after the awakening.

The majority of cases on record occur in well marked hysterical individuals, male or female, with a neurotic family history. It is curious to note that, although hysteria is not so common in the male as in the female, yet hysterical mutism occurs quite as frequently in the male. Very often the condition follows a hysterical crisis and is, in many cases, preceded by aphonia.

Excessive Alcoholic indulgence is also a cause as shown by my first case, by No.1 of Natier's series and Nos.2 &11 of my series.

Mutism may also occur after an emotion; thus shock/

shock and fright are frequent causes. In one case (No.38 of Natier's collection) it occurred in a girl, aged eleven, after the section of the tendo Achillis without an anaesthetic. Another case (No.4 in my series) occurred in a policeman after a burst of anger; another No.5 in a railway guard after a railway accident. A slight laryngitis has been the immediate cause, and a case has been reported in which there was tubercular disease of the larynx.

Just as hysteria may occur in the commencement or during the course of organic nerve disease, so Hysterical Mutism may be found and has been noted as an early symptom of locomotor ataxia, according to Dr Paul Koch(a), and it may also complicate commencing disseminated sclerosis. In locomotor ataxia it may replace the laryngeal crisès.

An examination of the larynx shows no constant paralysis.

Previous to Wyllie all arguments as to etiology, had been based on the assumption that the larynx takes no part in whispering.

Cohen remarks that no paralysis of the larynx will account for the loss of power of whispering, and asks whether it is possible to look to the diaphragm for/

(a) Quelques Observations aux le mutisme Hystérique.

for the cause. He finally concludes that the patient cannot 'will' to whisper.

Wyllie in opposition to the teaching of all previous writers with the exception perhaps of Revilliod says, that the larynx is as necessary for whispered as for vocal speech, and holds that no speech is possible if either the vocal or the oral articulative mechanisms be disabled.

I think Dr Wyllie's arguments are quite convincing. Wyllie believes that the disablement of either the vocal or the oral articulative mechanism may cause mutism. "In the majority of cases it is the vocal mechanism that is at fault, and in such cases the condition of hysterical mutism is essentially the same as that of hysterical aphonia, only more advanced;" and he says: "it seems clear to me (1) that in a number of cases the mutism may be explained by the simple disablement of the vocal mechanism; (2) that in others the mutism has resulted from a disablement of the mechanism of oral articulation, the vocal mechanism being intact; (3) that in a few both mechanisms are involved."

Wyllie proceeds "Both Hysterical Aphonia and Mutism must be referred not to a peripheral disablement of the speech mechanism, but to a disablement of/

of the cortical centres from which they are innervated. Many believe that the will itself is enfeebled and that sudden cures are effected merely by strengthening the power of the will through the influence of faith in the physician and the tonic effects, produced by a restoration of confidence."

The cases where deafness is a complication, throw some light upon the etiology. Thus in Dr Ramsome's and Van Dyck's cases (Nos. 12 & 13 of my series), it was noted that the patient obeyed unexpected orders. The explanation of this is not that the patient is a malingerer, and not that the auditory word centre is incapable of action, but that the Attention of the patient is occupied with "a fixed idea" (to take Charcot's words) and so the intelligence is unable to make use of the auditory word memories, which are roused. In the same way in mutism it is not because Broca's centre has lost its motor word memories, but because the Attention is occupied and unable to make use of such memories in the production of speech.

COMPLICATIONS. I shall do no more than refer to the ordinary symptoms of hysteria, which are such common accompaniments of mutism, viz.: pharyngeal anaesthesia, hemianaesthesia, areas of hyperaesthesia, motor paralyses and contractures, retraction of the visual fields, loss of colour vision, loss or diminution of smell, taste and hearing.

The following complications have occurred in connection with the speech mechanism:- In the cases, reported by Natier, the larynx was examined in seventeen cases. The following is the result, given by Natier.

1. (Case III (Cartaz)

The vocal cords have their usual pallor, and are in a position of almost complete abduction. The left vocal cord is only incompletely adducted when the patient attempts a sound; the right remains immobile.

2. (Case V. (Cartaz).

Epiglottis and laryngeal mucosa are a little red. No paralysis.

3. (Case VI. (Moore).

No paralysis. The movement of adduction is sharp and incoordinated. Slight ellipsoid space.

4. (Case X. (Kishaber).

Complete integrity of vocal cords and of the whole of the larynx.

5. (Case XXIII. (Thomas).

Left vocal chord immobile during adduction.

6. Case XXIV. (Lionville et Debove)

Paralysis of the vocal chords.

7. Case XL. (Johnson)

Left vocal chord in Cadaveric position.

8. Case XLII. (Cartaz)

In 1889 the vocal chords act normally, but are deficient on tension; in 1885 the vocal cords are separated in position of profound inspiration with ellipsoid space.

9. Case XLV. (Cartaz).

Complete abduction of the vocal cords with ellipsoid space.

10. Case XLVIII (Bock).

Vocal cords rather red and very mobile. Ellipsoid space.

11. Case LI. (Mendel)

Infiltration of the left ventricular band and vocal cord. Almost complete immobility of the arytenoid cartilage.

12. Case LVI (Marcel et Marinesco).

Vocal cords in forced abduction. Arytenoid cartilages widely drawn from middle line.

13. Case LXI. (Strologo).

Nothing particular.

14. Case LXIV. (Gottstein)

Paresis of adductors; during efforts to phonate,

15. Case LXIX. (Cartaz).

Vocal cords in position intermediate between extreme adduction and abduction. They approach up to a little from the median line; during effort to speak fibrillary movements are seen.

16. Case (Cartaz).

Glottis widely open. Vocal cords in position of abduction. There is a hiatus left at their posterior extremities. Paralysis of ary-arytenoides.

17. Case LXXI. (

Vocal cords act normally, but adduction takes place in a brusque fashion. Mucosa of larynx and cords normal.

In only one of my collection is any abnormality of the larynx described, i.e. No.2 where there was impossibility of adduction on attempt to phonate. The following symptoms are worthy of special note.

1st Natier's Series. The tongue was paralysed in cases Nos. 17, 34 and 66. There was contraction of the tongue in cases Nos. 54, 58, 67 and 69, and pain in the tongue in case No.48. Spasm of masseters occurred in Cases Nos. 16, 34 and 56. Spasm of the muscles of mastication, causing the mouth to remain half-open, occurred in case No.54. Case No:70 had paralysis of the inferior facial. Hiccough and respiratory spasm occurred in case No.44.

2nd My Series. Spasm of the masseters, rigidity of the/

the abdominal muscles, and pain in the diaphragm occurred in Case No·20. The movements of the tongue and of mastication were difficult in Case No.9. Hemi-spasm of the tongue and face occurred in Case No.19, spasm of the masseters in Case No.20. Spasm of the Glottis occurred in Case No.3 necessitating tracheotomy,and the following case, reported by Dr Chaput is if interest in this connection:-
(Cornage et Accès de suffocation chez un Hystérique male. Intégrité du Larynx, Spasm de la Trachea. Trachéotomie - Guérison.)

A man, aged 26. Admitted to the Salpétrière, 3rd July, 1890, for an affection of the larynx, which began in August 1885. Shortly after his entry on military service, after a long march, he put his feet into cold water. Immediately he became hoarse, and had a cough. He was treated for three months and cured. After a month he had again hoarseness. This persisted until 1890. In January 1890, he had influenza for 2½ months. Then the difficulty of breathing increased, wheezing appeared, expectoration became more abundant and he had attacks of suffocation. For the latter he came under treatment. There was anaesthesia of the pharynx and larynx. The vocal cords/

cords were normal. There was a little inequality of the pupils, the right being smaller; retraction of the visual field; no hystero-genic zones. Tracheal stenosis was diagnosed. Tracheotomy was performed and a finger was introduced into the trachea, but no stenosis was found. An exploration of the larynx provoked a violent cough and an internal spasm, which compressed the examiner's finger. The tracheotomy tube was removed the next day and the patient was afterwards cured. The author refers to a similar case reported by Dr Leon (Deutsch Med. Wochen. 1890, page 43) A man aged 31, with symptoms of hysterical paralysis of the larynx, producing symptoms of stenosis of the trachea. This was cured by catheterisation of the trachea and of each of the two great bronchi.

Agraphia occurred in cases Nos. 56 and 70 of Natier's series and in No.19 of my series. Wyllie says the best case of Agraphia he knows, is one reported by Dr Ladame. (Contralblatt für Nervenheilkunde III. 1892, page 24). Lépine reported a case in the Revue de Médicine, 1891, page 895, in a man aged 40, who had had many previous attacks of mutism. G. de Towrette, in his Traité Clinique et Thérapeutique de l'Hystérie, Vol. II. page 167, records a case, associated with hemi-paresis and hemi-anaesthesia.

Word/

Word-deafness probably existed in case No. 18 of my series, where the patient, when cured, said that words had sounded like the rustling of trees.

I have recently been shewn a case by Dr Carter, at Queen's College Hospital, Birmingham, occurring in a young woman, who had well-marked, hysterical word-deafness and mutism. She can hear all sounds, the singing of birds, the crying of a baby, a whistle, all of which she understands, but she cannot understand spoken language.

DIAGNOSIS. The diagnosis of hysterical mutism is to be made from: (1) Organic motor aphasia, (2) The mutism of insanity, (3) Malingering.

From aphonia it is easily diagnosed, as the patient in mutism has lost the power to whisper, and there should be no confusion with glosso-labio-laryngeal paralysis, where the onset is gradual, the articulatory muscles are paralysed and atrophied and the patient is not aphonic.

(1) Diagnosis from Organic motor aphasia:- The classic features of Hysterical Mutism so vividly demonstrated by Charcot, stand out in sharp contrast to an ordinary case of motor aphasia. Thus absolute mutism combined with an active intelligence, the enhanced power of gesture language and the rapidity with which the patient hastens to make his thoughts known in writing, contrast markedly with the conditions found in organic motor aphasia where usually the patient is not altogether mute and aphonic but can still utter a sound of some sort, a syllable, a word, a phrase, or an emotional expression and the power of writing is usually more or less interfered with. In a few cases of organic motor aphasia i.e. in the subcortical lesion the patient preserves the power of writing, and on the other hand in Hysterical Mutism, Agraphia/

Agraphia is occasionally present.

Some discrepancy in the symptoms will be discovered on careful examination and the hysterical stigmata which are so frequently present in Hysterical Mutism will guide to a proper conclusion.

(2) Diagnosis from Mutism of the Insane:-
In Hysterical Mutism the intelligence is as a rule unimpaired. When delirium or mania coexists with mutism, as in Case No.1 of my series, it may be difficult to diagnose between hysterical and other forms of delirium, but this is not important. Restraint in an asylum would be highly suitable for the case, provided only that when the delirium or mania had disappeared, care be taken to again investigate the case and so allow efficient treatment to be carried out.

(3) Diagnosis from Malingering.
An attempt to interview a perfectly intelligent but absolutely mute person is apt to prove an irritating procedure, and the interviewer very readily concludes that the patient <u>can</u>, but will not speak and is therefore a malingerer. Charcot (Vol.III. page 370), ascribes this conclusion, which he says is common, to ignorance.

Charcot says the malingerer over-acts the part and thus can be detected, and refers to the conversation/

ation between Sganarelli and Lucinde, whom he considers a perfect simulator.

Sganarelli:- "What is the matter? What pain is it that you feel?"

Lucinde (replying by signs, carrying her hand to her mouth, to her head and to her chin):- "Han, hi, hon, han."

Sganarelli:- "Eh! What did you say?"

Lucinde (continuing the same gestures):- "Han, hi, hon, han, han, hi, hon."

Sganarelli:- "What?"

Lucinde:- "Han, hi, hon."

Charcot says: "the 'han, hi, hon', are superfluous, and reveal simulation. The legitimate mute remains silent, and if he carries his hand often towards the throat, it is to show you where in his opinion the obstacle is; he would not point to his head and mouth."

He gives a case of a young prisoner, Helen G., 24 years of age, who sent the body of a new-born child marked"cheese"to a priest, who she thought had wronged her, and enclosed with the body a note, worded:- "Pray for what you have lost." The prisoner shortly after arrest lost the power of speech. Charcot diagnosed hysterical mutism on the following grounds. "The/

"The prisoner was completely mute and aphonic; no surprise would induce her to give vent to a sound and she made no unnecessary gestures. The onset was sudden and hysterical stigmata were well-marked, i.e. complete general anaesthesia of the pharynx, retraction of visual fields, etc." Lastly, there was a feature upon which Charcot lays special emphasis. "The patient wrote fluently and correctly and it was in this way that she was able to communicate with the magistrate and in part at least confess her crime. A malingerer without doubt would have pushed matters to the bitter end, she would have ceased to be able to write."

In the Medical Times and Gazette, 1861 (Vol.I, page 340) appears a note of a case of dumbness in the Philadelphia House of Refuge, in a boy of 14, who was surrounded by people, anxious to detect a fraud. Dr Hewson suspected it was feigned and faradised over the larynx. After twenty minutes of faradisation the boy cried:- "Enough." He afterwards confessed he had been deceiving. Possibly this was after all a case of hysterical mutism. The boy would fear the battery too much to contradict Dr Hewson.

Taylor, in his Medical Jurisprudence (Vol.II, page 603), discusses feigned deafness and dumbness. He/

He shows that the malingerer is easily thrown off his guard and that a little change from the ordinary conversational voice may cause a change in the eyes or features, indicating intelligence.

On one occasion, he says, a pauper feigning deafness and dumbness was cured by a consultation taking place in the patient's presence between two medical men, when a surgical operation was recommended.

Taylor also refers to the case of Reg. versus Yaquierdo (Herts Summer Assizes 1854):- "The prisoner, who was charged with wilful murder, was found by the jury to be wilfully mute. The man refused to plead, although it was obvious he was well aware of the nature of the proceedings. No counsel could be assigned to him, as it could not be done without the prisoner's consent. He was convicted."

PROGNOSIS.

In all cases the prognosis is good; cure under proper conditions, is almost certain.

When left to itself the condition may continue for years, as in my Case, No.3 where it lasted for thirty-three years. Even after the lapse of so long a time properly directed treatment succeeds as demonstrated by the same case. In many cases, i.e. in twenty-one cases of Natier's seventy-one, cure is spontaneous without treatment and may follow an emotion or a hysterical crisis. Those cases in which the patient is not a neurotic subject and the condition is caused by shock usually only continue a short time. In all cases the suggestibility of the patient is to be taken into account and where all forms of suggestion have ~~been successful~~ failed, vocal exercises have proved eventually successful.

The possibility of the occurrence of laryngeal spasm which is fortunately very rare must be kept in mind. Case No.3 of my series exemplifies this and the patient's life was saved by trachectomy.

TREATMENT. From what has been said under Etiology it would appear that treatment should be directed to the Attention, and indeed this is the case. An examination of the successful methods - in Natier's and my own series - will shew that they all aim at restoring the normal relationship between Attention and the speech centre. The Attention may be withdrawn from the fixed idea by external stimulus as by suggestion in the hypnotic or in the waking state, or by faradism or cold douches. Faradism has proved useful in a great number of cases. In a certain number, after external faradisation had failed, internal faradisation has been entirely successful. The Attention has been startled from its concentration by emotion; in one case the sight of a church on fire was sufficient to immediately bring about a cure. Again the Attention may be gradually trained by well-directed vocal exercises. Or on the other hand an attempt may be made to do away with the fixed idea by medical treatment, thus Bromides, Chloral, Chloroform and Ether, and in one reported case Alcohol, have all been successful. An emetic was sufficient in another case.

Of the first importance in the treatment of hysterical mutism, as of other forms of hysteria, is removal/

removal of the patient from her friends. Isolation is important, and massage and forced feeding in some cases are useful, where general nutrition is affected. In all cases the patient should have a skilled nurse and should not be looked upon as an "interesting case", which may result in displacing one fixed idea by another one, viz. that she is interesting. In short, the first point in treatment is to treat the general condition. Tonics, sedatives, cold douches, all will have their place.

A great many cases recover spontaneously, sometimes after a hysterical crisis or an emotion. Case No. 40 of Natier's series was treated for five years without success and finally recovered spontaneously.

Sometimes all treatment is equally inefficacious as in Case No. 56 (Natier's series) where bromide of potash, the faradic current over the trachea, endolaryngeal faradisation, anaesthesia, under chloroform, strong emotion were all tried in vain. Hypnotism and suggestion were equally useless. Finally the case was cured by the association of vocal gymnastics with hypnotism.

Vocal exercises were used in the cure of Cases Nos. 2, 55 and 56 of Natier's series.

I give the following extract from a paper by J. S. Bristowe, M. D., read before the Clinical Society, 25th/

25th February 1870, entitled "Case of Aphemia of nine months' duration, in which speech was restored by the education of the organs of articulation." The patient, a man, aged 36, was admitted into St Thomas' Hospital, on November 1st, 1869. He had been for 15 years steward on a steamer. Health good until 7th March 1869. On the morning of that day he had headache and feverishness. At 1 p.m. he took a large dose of quinine and half-an-hour afterwards was affected with giddiness and faintness and became unconscious until 5 o'clock. During the period of unconsciousness, he had a series of epileptic fits. On coming to himself he was deaf and dumb and unable to move a limb. He was sent to a hospital on 20th March, where it was found that he had paresis of the right arm and leg and paralysis with anaesthesia of the left arm and leg. He had pain and tenderness of the scalp. He was perfectly deaf and dumb and had considerable difficulty in masticating his food, apparently due to the movements of mastication causing pain at the back of the head. He gradually improved in the hospital. In the first week he regained complete use of his right side. His hearing was completely restored by 22nd April. He also regained to a great extent the use of his left leg. During the voyage/

voyage home in the middle of June, he regained the use of his left arm and lost almost entirely his difficulty of mastication.

He was admitted into St Thomas' on 1st November. He was then found to be perfectly intelligent, understood everything that was said to him, wrote with remarkable facility, but he could not utter a single articulate sound. He could perform with his lips, tongue and cheeks all possible forms of voluntary movement and also he was capable of vocal intonation.

On 25th November, at which date Dr Bristowe, having concluded that his inability to speak was most likely due to his having forgotten how to combine the movements of articulation, so as to obtain from them the elementary sounds which in combination constitute articulate speech, determined to make the attempt to teach him. The first lesson lasted five or ten minutes only. Dr Bristowe showed him that ordinary vocal sounds are compounded of two factors, namely, laryngeal intonation (which he was already capable of producing) and articulation effected by means of the lips, tongue and associated parts (which he was as yet incapable of producing). Dr Bristowe got him first to sound a laryngeal note and subsequently/

quently by explaining to him and showing him how to modify the shape and size of his oral passage and aperture and getting him at the same time to expire either with or without laryngeal intonation, made him sound successively both in a whisper and in a loud voice several of the simple and more common vowel sounds - a, in gate, a in art, a in all, e in feel, oo in root, o in hole, and that which is sometimes called 'ur', vocal - the vowel sound in the first and last syllables of the adjective earlier.

Three or four days afterwards Dr Bristowe found that he had by practice completely mastered the sounds which he had taught him and he set to work to teach him the labials: p, b, v and m, as follows:- Dr Bristowe closed his lips firmly and then opened them with a sudden smack and got him to do the same. The essential sound of p was thus pronounced. The sound of p as above produced was followed up by a vocalised e. In his first efforts the two sounds were uttered at a considerable interval, one after the other, but gradually he approximated them until he succeeded in making them very nearly continuous. Similarly the other labials were taught and at subsequent visits the lingual and guttural consonantal sounds.

Thus in the course of four or five lessons, each of/

of about ten minutes duration given within less than a fortnight he acquired the power of articulating all the simpler vowel sounds and all the simple consonant sounds. He was then taught to combine letters, and for this purpose he used a child's spelling-book; and in three or four days he was able to say: 'Good morning, sir! Within another ten days he was able to talk well, except that perhaps he spoke somewhat slowly and evidently had to give more care and thought to the pronunciation of his words, than healthy people need to do.

Where deafness complicates the mute condition the attention may be re-educated in the manner recommended by Dr Hector Mackenzie (A case of deafness occurring after ? diphtheria, B.M.J. 16th March, 1895) The deafness was cured by Dr Gille's method (Marseille Medicale).

The patient was made to listen and try to count the ticking of a clock, and to repeat words and sentences spoken first close to the ear and then at greater distances. At the first sitting the patient could not count ticks even close to the ear, but this she ultimately succeeded in doing and the distance was gradually increased. The same thing was done with the spoken word. After ten days' practice she had/

had so far recovered as to be able to carry on an ordinary conversation. A week or two later her hearing had become of normal acuteness.

My case, William Flint, in which the hot and cold sponges, used in the physical examination, proved efficient means of suggestion, and cases Nos. 6 and 16 of my series are good examples of the result of suggestion in the waking state.

Suggestion in the hypnotic condition has proved quite as uncertain as any other treatment, but I might here mention the famous case, of Madame D. for some time a patient of Charcot's in the Salpétrière. The details of this case are given by Pierre Janet in his article on L'Amnésie Continué (Revue Générale 30th March 1893) and Dr Donald Fraser in his article on Hysteria as a Psychosis (Glasgow Medical Journal, December 1897, page 401) refers at length to the case, as follows:- 'A respectable woman of nervous temperament, though in good health, the wife of a workman in a provincial town, while one day sitting at her sewing-machine, was interrupted by the entrance of a man she did not know, who said "Madame D. prepare a bed, they are going to bring home your husband, who is dead." This cruel statement, for there was no truth in it, was repeated. The shock brought/

brought on an unusually prolonged convulsive fit or series of fits, lasting several hours; the intervals marked by delirium and hallucinations, relating to the incident or its immediate effects. It was found after the fits had passed off, that her memory was completely lost, not only for the period since the accident but for everything which had occurred in her experience for about a month before it. Her memory for all her past life up till this period was quite good. She was quite incapable of remembering anything new ----------. This strange condition was found to be dependent on a fixed idea - a persistent hallucination though not consciously present to the patient of the entrance of the stranger with his command to prepare a bed, etc. Janet laboured to modify by suggestion while the patient was in the hypnotic state this hallucination and ultimately succeeded in substituting himself for the stranger and the phrase: "Prepare a bed, as I wish to sleep at your house at C," for the phrase which had for her, such terrible and distracting associations.'

Janet says that "the return of memory, the operation whatever it was, by which the personality reentered into those memories so long forgotten, was accompanied by violent pains in the head.

The following are the cases of my series which I have collected from Medical literature since Natier's paper.

CASE I. reported by Dr Jacob's Regniery from 'Mutismus hystericus', Inaugural-Dissertation der mediciniechen Fakultät der Kaiser-Vilhelms-Universität Strassburg, 1891.

Well developed man. Despairing and suicidal. One previous attack of dumbness which lasted three weeks.

On admission speechless, trembling, beating breast with hands. He was hypnotised and slept for some hours. On awaking he still could not speak. Taste perverted, everything tastes bitter. Hearing weak on one side. Smell almost entirely gone. Cured by faradism. Mutism lasted 6 days.

CASE II. reported by Dr M. Troisier in 'Bulletins et Mémoires des Hôpitaux de Paris,' 14th April 1892.

Man, aged 36. A coachman.

Hereditary antecedents nil.

Personal history: Given to drink. Previous year he was struck on the head by a shaft. He had an apoplectiform attack and was placed at St Annes with an illness, characterised by hallucinations and delirious ideas.

He/

He remained there a month. He got drunk in March and on going home found he could not speak. The following day he was sent to hospital. It was found that he was mute and had paralysis of right arm and leg, with hemianaesthesia of skin and mucous surfaces, including pharynx. Visual fields were retracted, micropsia, weakening of sight, hearing and smell. There was an area of hyperaesthesia at level of lower part of dorso-lumbar region and in the right iliac region, there was a hysterogenic point. The patient could not put his lips or tongue in position for simplest word. His face expressed disappointment. He could make faces, raise the corner of his mouth, blow but not whistle. He could write without omitting words or letters. Intelligence intact. No word blindness. No word deafness.

Examination of larynx.

The vocal cords had their mucous membrane thickened and oedematous, red at the anterior commissure. If the patient was asked to make a medium sort of sound without force, the cords remained separate without the slightest sign of taking the position of phonation.

If he were told to make a great vocal effort the vocal cords came briskly in contact, became tense, stuck/

stuck together energetically. Almost immediately afterwards the ventricular bands in their turn were approximated, hiding the glottis underneath. The vestibule was effaced by the meeting of the arytenoepiglottidean ligaments, lowering of the epiglottis and such adduction of the extremities of the arytenoids, that the cartilages of Santorini crossed. In spite of all these efforts the larynx remained dumb.

The patient could cough. Sensibility of larynx normal and equal on both sides. Pillars of fauces and velum palate slightly hemi anaesthetic. Reflex excitability a little exaggerated, causing a violent contraction of glottis and vestibule.

Conclusion: All muscles moved well. Mirror gave classic image. Reflex closing of glottis normal, but cords remained motionless as soon as they must intentionally place themselves in a vocal position.

The author gives this explanation of the aphonia:- When the patient wished to speak softly, the cords remained separate in a respiratory position and did not vibrate. If he wished to force the voice, immediately the larynx took the position of effort and the two cords came so firmly together as to render vibration impossible. Whilst the sticking together of the ventricular bands played the part of an extinguisher/

tinguisher or smotherer. But in this last case it was not the vocal function, it was the function of effort of the larynx which was solicited.

Nose:- Right nostril diminished sensibility; left nostril exaggerated sensibility.

CASE III. reported by Dr Paul Koch de Luxembourg in 'Quelques observations sur le Mutisme Hystérique'. Annal de mal de l'oreille, du larynx etc. Paris 1892, XVIII, 532-537.

A girl aged 15, dumb since age of 11. All treatment ineffectual. Tonic contraction of arms and legs alternately. Suddenly alarming symptoms shewed themselves, symptoms of crico-arytenoid posticus paralysis, which Dr Koch felt obliged to ascribe to a cramp of the intrinsic muscles of the larynx. Tracheotomy was performed. Tube was worn three years. Apsithyria continued. The contractures yielded gradually to the continued current. Soon after spasm of the oesophagus occurred, a spasm so pronounced, that nutrition became impossible. This stopped when a mass of instruments were displayed for oesophagotomy. Hyperaesthesia of retina caused patient to wear blue glasses. After seven years cure occurred on establishment of menstruation.

CASE IV. reported by Dr Paul Koch loc. sit.

A policeman, aged 30, who, after eating an enormous quantity of cold fish, had an attack of anger, whilst on duty in pouring rain. He went home mute. Cured by next day.

CASE V. A guard on duty after a heavy dinner. A collision occurred, one man killed, several wounded. The guard was thrown out, without serious wound, but absolutely mute. Next day the mutism had disappeared.

CASE VI. reported by Dr B. Worotynski. Neurologisches Centralblatt, June 1895. No.12.

Condition existed 1½ years. Rapid cure after three sittings by suggestion in the waking state.

Julia S. 21 years of age. Was able to read and write. Ill for two years. Began with convulsions. Pupils equal and reacted to light. Tenderness of head on percussion, especially on the right side. Sensibility for temperature and pain diminished on the right side. Left arm down to wrist was anaesthetic. Swallowing reflex was absent, knee reflexes diminished. Taste was weaker on the right side of tongue than on the left, smell less keen in the right nostril.

Vision: RV. $= \frac{15}{30}$ LV. $= \frac{30}{30}$

There was no difference in hearing on the two sides. The field of vision was contracted in the right eye.

She/

She was treated by suggestion and external faradisation of the larynx, also by suggestion and suspension to cure the disorders of sensation. The time the patient could give up to treatment was limited to three days.

At the first sitting the patient was suspended for 10 minutes. It was suggested before the suspension that it would lessen the sensory disorders. Improvement followed. Immediately afterwards the larynx was faradised by external method. Previously it was suggested that this would allow her to regain her voice. After, she was able to whisper, though slowly and painfully.

It was suggested that after the next sitting she would speak clearly and distinctly. Next day she was suspended and faradised. All sensory disorders disappeared. RV. = $\frac{26}{30}$. Speech was distinct but not clear; her voice sounded as if she were afraid to open her mouth. She was advised to practise speaking. She was cured at the third sitting and was delighted.

CASE VII. reported by Dr M. Antony in 'Bulletins et Mémoires de la Société Médicale des Hôpitaux de Paris' 2nd Feb. 1899. A soldier;- he had no hereditary or personal nervous history. He was robust and well developed/.

developed. He became suddenly deaf in November 1897. Four days later dumbness occurred. There was loss of smell, retraction of the visual field on the right side, anaesthesia of the right arm and diminution of the pharyngéal reflex.

On his admission to the hospital the anaesthesia of the arm was gone. He was still deaf and dumb and there were other hysterical stigmata. He could neither blow nor whistle. He could communicate by writing. An attempt was made to teach him how to speak. He tried hard to speak and his whole body participated in the attempt. There was nothing abnormal in the patient's larynx. Examination of the ears shewed he had had otitis in infancy. The left visual field was slightly diminished; the right was reduced to a point. There were no hysterical attacks, until, one day, Professor Raymond, trying the sensibility of the tympanum, provoked a crisis of convulsions, lasting half an hour and followed by paralysis of the right leg with anaesthesia of the calf and thigh. At the time of the report, the patient was not cured.

CASE VIII. reported by Dr M. Antony, loc. sit. 9th March 1899. An Italian soldier, aged 25. A sister died of convulsions at the age of 5 years. The patient had an attack of convulsions in infancy. He had typhoid/

typhoid fever twice, the first time, accompanied by deafness. In January 1898, he was bitten by a dog, suspected to be rabid and was sent to Algeria for treatment. On coming back in March 1898 he had a violent headache and fell down unconscious. On becoming conscious he had a convulsive crisis in which he tore his clothes and scratched himself but did not bite his tongue. After this he was deaf and dumb. He was treated without good result and sent to Paris. On examination the patient was found to be intelligent; he was able to write. On addressing the patient, he shewed that he was unable to speak by carrying his hand to his neck. He could move the tongue and lips without difficulty. His larynx was normal; he had a goitre. No pain was felt on touching the tympanum. There were no other stigmata. He knew what movements of the lips to make to pronounce vowels but not consonants.

CASE IX. reported by Dr A. Bresadola in the 'Bollettino del Policlinico Generale di Torino. 16th October 1897. Girl, 28 years of age. With no preceding symptoms, at the age of 22 she was seized by violent convulsive attacks, which lasted a year and were followed by aphasia. She was treated without result, and three years/

years ago she was cured by going for that purpose to a church. Last winter she again became mute, but without convulsions. In August 1897, she was found to have absolute mutism with some difficulty in the movements of the tongue and of mastication. Her power of writing was perfectly preserved.

The author considers the mutism to be due to the fixed idea that she could not speak inhibiting the speech centre, and the following treatment was carried out:-

The patient was etherised until she was quite drunk. Thus the author says the fixed idea of Charcor was done away with, and a state of excitement was artificially produced. A tendency to speech shewed itself and the patient began to stammer some words, then to reply to questions, which were put to her and was made to go on speaking until she recovered from the ether. She was then given a book, which she read fluently and in a loud voice for more than an hour. She was then cured. The author thinks that Ether is more effectual than suggestion, because the will of the patient is abolished.

CASE X. reported by Ernest H. Jacob, M.D. British Medical Journal, 13th September 1890, page 623.

A/

A man, aged 50. He enjoyed good health until the age of 34, when, after monetary losses, he began to shew mental instability, violent temper, and when agitated was unable to speak. He gradually became quite dumb. He was intelligent and communicated by signs and writing. He had a dislocation of the shoulder which was reduced under ether. When he came round from the ether, he could speak volubly.

CASE XI. reported by Ernest H. Jacob M.D. loc.sit. A healthy-looking miner, aged 34. He had had epilepsy and had been intemperate. At first he suffered from hoarseness and the cords were found to be injected. Chloride of zinc was applied. Five days after he became dumb suddenly, when quietly talking with some friends. Ether was administered and resulted in a cure after one or two breaths.

CASE XII. reported by Dr W.B. Ransome in the 'British Medical Journal', 2nd March 1895. A miner aged 19. He was absolutely deaf and dumb, could not even hear the sound of a cannon, fired off close to his ear. He was intelligent and could communicate by signs. He had had no hysterical attacks. He had pain in the occipital region and temples, and a year before he had suddenly/

suddenly lost the use of his right arm. He had anaesthesia of palate and loss of palate reflex. A sudden movement before his eyes did not make him blink. He was obviously deaf, but sometimes a loud and clear order was obeyed. Both the deafness and dumbness were cured by faradism.

CASE XIII. reported by Dr W. T. Van Dych in the 'British Medical Journal, 4th May 1895. A steward's assistant. The lad's hearing had been dull for two or three days and he was unusually silent. Very soon he was unable to hear a sound or give evidence of hearing at all. He complained of giddiness. He heard nothing; his ears felt stopped up, and he could not speak. There was no evidence of motor or sensory paralysis, incoordination or abnormality of reflexes. His intellect was clear. He made no attempt to communicate by signs. He had had a previous attack. The author notes that the patient obeyed unexpected orders. He was cured by moral force.

CASE XIV. reported by E. F. Neve in the 'British Medical Journal', 1898, Vol. II., page 898. A Hindu, aged 25. He was absolutely mute, but could write and read. No hysterical stigmata. Chloroform was administered, and when he was under, he began to struggle/

struggle and shout. The cautery was then applied over Broca's convolution. Half an hour afterwards he was again mute. Chloroform was again administered and the cautery applied, and this time resulted in a permanent cure.

CASE XV. reported by Professor G. B. Queirolo in the 'Morgagni', Part I. No.4, April, 1898. A man aged 23. He was a healthy working-man. He had no nervous family history and no personal nervous history, previous to attack. At the time of his admission to the hospital, he had been absolutely mute for 22 months. This had a sudden onset after an injury, a contusion on the head and thorax. He was seen by many medical men. Some of them diagnosed the condition as malingering. Others thought there was a focal lesion and advised trephining, and this convinced the patient that he had a very grave illness. He was cured by hypnotism. His voice was weak and stammering to begin with, but finally he was quite cured.

CASE XVI. reported by Sanger Brown, M.D. in the 'Medical Record', 17th July, 1897 and the 'Clinical Journal', 11th August 1897. A young man, aged 20. He was a farmer's son, intelligent, industrious and not nervous/

ous. He was called to rise by his father one morning and for some reason went to sleep again, and his father called him again rather sharply. He was mute thereafter for nine years. His face would contract when he was tickled, but he emitted no sound. He made a slight sound on clearing his throat, but never coughed so that he could be heard at a distance of more than a few feet. He communicated in writing. His hearing was acute. Motor power, reflexes, visual field, vision and sensation were all entirely normal. He was cured by faradism, preceded by suggestion. At the first sitting he was able to articulate é. He was faradised daily, adding consonants. In a week he could carry on a conversation in a low voice. Speech gradually became normal and six months afterwards he was cured.

CASE XVII. reported by Dr Pasquale Moscato in the 'Gazette Medica Lombardo', 13th, 20th, 27th July, 1896. A well-developed girl, aged 20. The mutism was the only hysterical symptom the patient had ever suffered from. Her vaso-motor centre was sensitive. In May 1891, she had urticaria. One sister had hysterical chorea and had two attacks of loss of speech, lasting each time twelve hours. Nervousness predominated in the family. Her Mother and many of her/

her mother's relations were hysterical. While at work on 24th May, the patient, without any appreciable cause, suddenly felt a sense of heat in the throat and lost consciousness. She remained so for five hours. Anaesthesia was noted; the patient could not feel the prick of a pin in the right leg, and after five hours there was occipital and frontal pain with convulsive movements of the face and right hand. The temperature had risen to 38½°. On 25th May (the following day) the temperature was 38°, the patient was in bed with a tranquil expression and closed eyes, the lids could not be raised. On the third day she was still in bed; her temperature was 37.7. Her eyes were still shut and the pains in the head still existed.

Physical examination shewed hyperaesthetic zones, a hysterogenic point on the right side, and irregular pulse with increased force. The patient was conscious of her condition and of everything done in the house. Her eyes were closed and she could not speak. She listened to the questions put to her and replied to them with a slight inclination of the head. Dr Moscato first tried to calm the patient by explaining that it was not a serious illness and that she would soon be cured. She began to have general twitchings. He/

He tried again to calm her. Convulsive twitchings came on again. He again addressed her and she indicated that she could not speak that day. He hypnotised her and told her that when she woke up she would be able to speak, after he had applied an instrument to her larynx. She woke up in a docile mood, and promised that she would speak later on. The eyelids now opened. Dr Moscato hypnotised her again and she spoke afterwards in a weak and aphonic voice, and then asked to be allowed to rest. On 28th May, the patient's temperature was normal; the twitchings continued. She was able to speak. She was again hypnotised, and after this she was cured.

CASE XVIII. reported by Professor Francotte in the 'Annales de la Société Médico-chirurgicale de Liège', 1894. (Surdi-Mutité hysterique, gueri par suggestion a l'etat de vielle) A man, 35 years of age, not alcoholic, no hereditary nerve history. He had typhoid fever at the age of nine, which left no bad consequences. Later on he had delirium with two short attacks of fever. Eight days after the last he had a fright, as a consequence of a dog-bite, whereupon he got into a state of excitement and ran about the streets, unable to find his way. He was taken up by the police and it was found that he was deaf and dumb. /

dumb. He was taken back to his home and, during the night, he became able to speak and hear. Two days after, the deaf-mutism returned. He was quite sane. Professor Francotte saw him after the mutism had existed for 9 days. Nothing at first sight pointed to a neurotic constitution. On trying to speak he calls forth only a few inco-ordinated movements of the tongue without bringing forth a sound. He did not hear the ticking of a watch when it was held against his ear. He could write and understand writing. Four days later the same condition. An attempt to cure by hypnotism failed. The patient became excited, trembled, and his face was covered with perspiration. Professor Francotte placed the points of the anaesthesiometer first into the patient's month and then against both ears and said: "Now you hear, say 'Ah'!" He then said "Ah". After some delay he was made to say "I speak". He repeated the words. Again Professor Francotte said: "You hear!" "Yes," he said, "I hear a few words." "You will now speak as before," and the patient recovered by degrees and soon spoke without difficulty. He assured us that during the condition he had heard, instead of words, only sounds resembling the rustling of trees.

CASE XIX. reported by Dr Gilbert Ballet and Dr Paul Sollier in the 'Revue de Medicine', 10th June 1893. (Sur un cas de Mutisme Hystérique avec agraphie et paralysie faciale systematisée). Matilda, aged 33. She was employed in a letter-foundry, where her duty was to classify the letters. Her personal history was good. The illness began suddenly while she was at work. The attack began with numbness in the right hand and tingling in the right arm and leg, and she would have fallen down if she had not been supported, although she did not lose consciousness. There was spasm of the left side of the face, and the tongue deviated to the right. She was from this time mute.

She came, indicating by signs that she could not speak. There was complete mutism and aphonia. Her intelligence was unaffected. There was hemi-spasm of the tongue, which deviated to the right. There was facial spasm on the left side. Pharyngeal sensibility was diminished. Patella reflexes were rather exaggerated. There was retraction of both visual fields, more marked in the left. Hearing was less acute on the left side. She understood everything said and obeyed all orders given. She pointed out correctly all objects named.

Reading. She could read easily and understood all

she/

she read. She had employed all her time in reading since her illness.

Writing. She hesitated a long time before writing as requested and finally indicated that she was unable to write. Instead of replying to a question as to how long she had been ill, she tried to reproduce the question. When asked if she understood what she was asked, she wrote correctly: "O, oui", making two attempts before being able to do it. She was then asked: "Why have you difficulty in writing? Is it because you cannot remember the words?" She replied by another attempt to echo the question in writing. In copying she constantly looked at the copy and wrote, letter by letter. Writing to dictation was as difficult as spontaneous writing. She was asked to write the alphabet to dictation and wrote correctly all the letters. It was already noted that the short words 'les mots", and "on," "non", of which the synthesis is easy, were quite correctly written. She shewed no difficulty in writing numbers and wrote to dictation without any hesitation: 1896, 1432, 963.

Cold douches were ordered and the patient was directed to practise saying the word "papa". An attempt at hypnotic suggestion, to which the patient voluntarily/

voluntarily submitted, gave no result. On recovery of speech, it was at first staccato. The writers conclude: "This agraphia differs from an agraphia of an organic lesion in that the graphic or visual images are lost in the organic lesion, while in their case, the agraphia seemed to be due to the impossibility, which the patient experienced of making psychical synthesis of the motor and visual images of letters which connected writing demands.

CASE XX. reported by J. Mitchell Clarke M.D. in 'The Clinical Journal," 10th March, 1897 (A Clinical Lecture on a case of Hysterical Mutism and one of MotorAphasia).

A healthy-looking man, a tanner, aged 33. He had good health until seven or eight years ago, when he was shipwrecked in the ice in the ice off the Newfoundland coast. He passed through many hardships, and by these his mind was affected and he was sent to a lunatic asylum, where he stayed six months, afterwards returning to work. His health was not good after this, and he had had two or more previous attacks of loss of speech before the present one. His present illness began suddenly with loss of voice and inability to whisper. On Spetember 14th, he could/

could not open his mouth and had great difficulty and pain in swallowing. On admission to the hospital on September 14th, he could not speak or whisper and could only swallow with great difficulty. There were frequent twitchings of the facial muscles. The masseters were spasmodically contracted, and there was tenderness over the right masseter. He could not open his mouth more than a third of an inch and he could not protrude his tongue. The abdominal muscles were hard, rigid and firmly contracted and he complained of a pain, passing through the body at the level of the diaphragm. Intelligence was unaffected. He expressed himself easily by gestures, with especial frequency bringing his hand to his throat to indicate that he could not speak, and he had a pencil and paper by him, with which he was eager to write a full account of his symptoms. Some areas of hyperaesthesia and anaesthesia were found. The visual fields were contracted. He was treated with a mixture of chloral and bromide, and by September 18th, he had improved in so far that he could open his mouth and protrude his tongue a short distance. On Spetember 22nd he could speak a little in a whisper. On September 26th the pain and tender-

ness/

ness had disappeared from the right side of the cheek and he was able to speak, in a louder, but still subdued tone. On September 28th he again lost his voice for a few hours, but regained it and began to speak in a louder tone and shortly afterwards left the hospital, cured.

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Further references to literature are made in the text, e.g. in my series of cases.